

## PREMIER REHABILITATION &amp; SKILLED NURSING

2121 PIONEER DRIVE

BELOIT

53511

Phone: (608) 365-9526

Ownership:

Corporation

Operated from 1/1 To 12/31 Days of Operation: 365

Highest Level License:

Skilled

Operate in Conjunction with Hospital? No

Operate in Conjunction with CBRF? No

Number of Beds Set Up and Staffed (12/31/03): 125

Title 18 (Medicare) Certified? Yes

Total Licensed Bed Capacity (12/31/03): 125

Title 19 (Medicaid) Certified? Yes

Number of Residents on 12/31/03: 107

Average Daily Census: 112

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.7	
Supp. Home Care-Personal Care	No					1 - 4 Years		40.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years		29.0	
Day Services	No	Mental Illness (Org./Psy)	26.2	65 - 74	5.6			----	
Respite Care	Yes	Mental Illness (Other)	2.8	75 - 84	27.1			87.9	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	55.1	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	8.4	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.9		----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	24.3	65 & Over	96.3	-----			
Transportation	No	Cerebrovascular	13.1		-----	RNs		8.1	
Referral Service	No	Diabetes	16.8	Gender	%	LPNs		13.2	
Other Services	No	Respiratory	7.5		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.9	Male	31.8	Aides, & Orderlies			
Mentally Ill	No		-----	Female	68.2				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	11	100.0	341	80	98.8	125	0	0.0	0	15	100.0	175	0	0.0	0	0	0.0	0	106	99.1	
Intermediate	---	---	---	1	1.2	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	11	100.0		81	100.0		0	0.0		15	100.0		0	0.0		0	0.0		107	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	11.4	Bathing	3.7	72.0	24.3	107
Private Home/With Home Health	0.0	Dressing	17.8	59.8	22.4	107
Other Nursing Homes	1.3	Transferring	29.0	49.5	21.5	107
Acute Care Hospitals	82.3	Toilet Use	30.8	44.9	24.3	107
Psych. Hosp.-MR/DD Facilities	0.0	Eating	73.8	9.3	16.8	107
Rehabilitation Hospitals	0.0	*****				
Other Locations	5.1					
Total Number of Admissions		Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	13.1	Receiving Respiratory Care		15.9
Private Home/No Home Health	41.8	Occ/Freq. Incontinent of Bladder	56.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	3.8	Occ/Freq. Incontinent of Bowel	55.1	Receiving Suctioning		0.0
Other Nursing Homes	0.6	Mobility		Receiving Ostomy Care		0.9
Acute Care Hospitals	15.2			Receiving Tube Feeding		2.8
Psych. Hosp.-MR/DD Facilities	0.6			Receiving Mechanically Altered Diets		12.1
Rehabilitation Hospitals	0.0	Physically Restrained	1.9	Other Resident Characteristics		
Other Locations	13.9	Skin Care		Have Advance Directives		74.8
Deaths	24.1	With Pressure Sores	6.5	Medications		
Total Number of Discharges		With Rashes	0.9	Receiving Psychoactive Drugs		47.7
(Including Deaths)	158					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.2	86.2	0.93	87.6	0.92	88.1	0.91	87.4	0.92
Current Residents from In-County	86.0	78.5	1.10	83.0	1.04	82.1	1.05	76.7	1.12
Admissions from In-County, Still Residing	19.6	17.5	1.12	19.7	1.00	20.1	0.97	19.6	1.00
Admissions/Average Daily Census	141.1	195.4	0.72	167.5	0.84	155.7	0.91	141.3	1.00
Discharges/Average Daily Census	141.1	193.0	0.73	166.1	0.85	155.1	0.91	142.5	0.99
Discharges To Private Residence/Average Daily Census	64.3	87.0	0.74	72.1	0.89	68.7	0.94	61.6	1.04
Residents Receiving Skilled Care	99.1	94.4	1.05	94.9	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	96.3	92.3	1.04	91.4	1.05	92.0	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	75.7	60.6	1.25	62.7	1.21	61.7	1.23	65.9	1.15
Private Pay Funded Residents	14.0	20.9	0.67	21.5	0.65	23.7	0.59	21.0	0.67
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	29.0	28.7	1.01	36.1	0.80	35.8	0.81	33.6	0.86
General Medical Service Residents	0.9	24.5	0.04	22.8	0.04	23.1	0.04	20.6	0.05
Impaired ADL (Mean)	45.6	49.1	0.93	50.0	0.91	49.5	0.92	49.4	0.92
Psychological Problems	47.7	54.2	0.88	56.8	0.84	58.2	0.82	57.4	0.83
Nursing Care Required (Mean)	4.9	6.8	0.72	7.1	0.69	6.9	0.71	7.3	0.67